



7-14-06

SPW 6/6/8

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0034

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/030,825
		Filing Date	January 11, 2002
		First Named Inventor	Yasunori Takada
		Art Unit	1616
		Examiner Name	E. J. Webman
Total Number of Pages in This Submission	18	Attorney Docket Number	56769(71526)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Return Receipt Postcard -Certificate of Express Mailing (1 page) -IDS (Citation) by Applicant (2 References) (1 page) -Amendment Transmittal (1 page) -Copy of Reference BA (with partial translation) -Charge \$1,200.00 to deposit account
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Mark D. Russett		
Date	July 12, 2006	Reg. No.	41,281

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 755073664 US, on the date shown below in an envelope addressed to:
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 12, 2006

Signature:

(Mary M. Hutchinson)

**AMENDMENT TRANSMITTAL LETTER**Docket No.
56769(71526)Application No.
10/030,825Filing Date
January 11, 2002Examiner
E. J. WebmanArt Unit
1616

Applicant(s): Yasunori Takada et al.

Invention: PERCUTANEOUSLY ABSORBABLE PREPARATIONS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

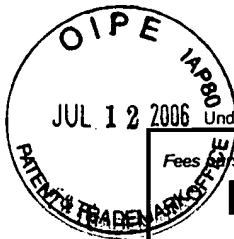
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims		- 20 =		x	
Independent Claims		- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,200.00
Submission of an Information Disclosure Statement					180.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,200.00

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 04-1105 in the amount of \$ 1,200.00.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1105
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Mark D. Russett
Attorney/Agent Reg. No.: 41,281Dated: July 12, 2006EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874
Boston, Massachusetts 02205
(617) 439-4444I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 755073664 US, on the date shown below in an envelope addressed to:
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Dated: July 12, 2006

Signature:  (Mary M. Hutchinson)



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known

Application Number	10/030,825
Filing Date	January 11, 2002
First Named Inventor	Yasunori Takada
Examiner Name	E. J. Webman
Art Unit	1616
Attorney Docket No.	56769(71526)

TOTAL AMOUNT OF PAYMENT (\$) 1,200.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____ - 20 = _____	x _____	= _____		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.				
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
_____ - 3 = _____	x _____	= _____		
HP = highest number of independent claims paid for, if greater than 3.				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/50	_____ (round up to a whole number) x	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	<u>1806 Submission of an Information Disclosure Statement</u> 180.00
	<u>1253 Extension for response within third month</u> 1,020.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	41,281	Telephone	(617) 439-4444
Name (Print/Type)	Mark D. Russett	Date	July 12, 2006		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 755073664 US, on the date shown below in an envelope addressed to:
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Dated: July 12, 2006

Signature: (Mary M. Hutchinson)



Application No. (if known): 10/030,825

Attorney Docket No.: 56769(71526)

Certificate of Express Mailing Under 37 CFR 1.10

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Alexandria, VA 22313-1450

on July 12, 2006
Date

Signature

(Mary M. Hutchinson)

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 517-5524
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Return Receipt Postcard
Transmittal Form (1 page)
Fee Transmittal (1 page)
Amendment Transmittal (1 page)
Petition for Extension of Time Under 37 CFR 1.136(a)
Amendment in Response to Non-Final Office Action (10 pages)
Information Disclosure Statement (2 pages)
IDS (Citation) by Applicant (2 References) (1 page)
Copy of Reference BA (with partial translation)
Charge \$1,200.00 to deposit account 04-1105